

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP)
For
URGENT CRISIS CENTER & SUB-ACUTE STABLIZATION

RFP Number: **230718001**

Issued By:

Department of Children and Families

July 18, 2022

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Children & Families:

<https://portal.ct.gov/DAS/CTSource/BidBoard>

on the Department's website:

<https://portal.ct.gov/DCF/Contract-Management/Home>

or from the Agency's Official Contact:

Name: Erin Mahony
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 888-5856
E-Mail: DCF.FISCALCONTRACTS@CT.GOV

RESPONSES DUE NO LATER THAN: 3:00PM / September 6, 2022

The State of Connecticut and the Department of Children & Families is an Equal Opportunity/Affirmative Action Employer.

The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

TABLE OF CONTENTS

| | <u>Page</u> |
|--|--------------|
| Procurement Notice | 1 |
| Section I — GENERAL INFORMATION | 3-6 |
| A. Introduction | 3 |
| B. Instructions | 3-6 |
| Section II — PURPOSE OF RFP AND SCOPE OF SERVICES. | 7-20 |
| A. Agency Overview | 7-8 |
| B. Program Overview | 8 |
| C. Scope of Services Description. | 8-20 |
| D. Budget & Budget Narrative | 20 |
| Section III — PROPOSAL SUBMISSION OVERVIEW | 21-23 |
| A. Submission Format Information | 21-22 |
| B. Evaluation of Proposals | 22-23 |
| Section IV — PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS | 24-25 |
| Section V — MANDATORY PROVISIONS | 26-30 |
| A. POS Standard Contract, Parts I and II | 26 |
| B. Assurances | 26-27 |
| C. Terms and Conditions | 27 |
| D. Rights Reserved to the State | 28 |
| E. Statutory and Regulatory Compliance | 28-30 |
| Section VI — APPENDIX | 31-34 |
| A. Abbreviations / Acronyms / Definitions | 31 |
| B. Appendix #1 Proposal Checklist | 32 |
| C. Appendix #2 Letter of Intent | 33 |
| D. Appendix #3 Proposal Cover Sheet | 34 |

I. GENERAL INFORMATION

■ A. INTRODUCTION

1. RFP Name and Number. RFP #**230718001** / Urgent Crisis Center and Sub-Acute Crisis Stabilization Program

2. RFP Summary. The Urgent Crisis Center (UCC) is expected to provide a full crisis assessment in a safe and effective location for youth experiencing a behavioral health crisis (mental health and/or substance use crisis). The UCC applicant will offer an option for those youth/young adults who might have used a hospital emergency department (ED) for behavioral health crisis prior to this level of care being offered.

The Sub-Acute Crisis Stabilization program (SACS) is expected to provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis) to fully stabilize over a period of 1-14 days. The SACS will have an 8-10 bed capacity.

3. RFP Purpose. Through this procurement, the Department is seeking to procure one (1) Urgent Crisis Center (UCC) and one (1) Sub-Acute Crisis Stabilization program (SACS). Proposals will be accepted for the following options:

Option A: Provision of the Urgent Crisis Center only. Under this option, partnership with the awarded provider of the Sub-Acute Crisis Stabilization program will be required.

Option B: Provision of the Sub-Acute Crisis Stabilization program only. Under this option, partnership with the awarded provider of the Urgent Crisis Center will be required.

Option C: Provision of both the Urgent Crisis Center and the Sub-Acute Crisis Stabilization program.

4. Commodity Codes. The services that the Agency wishes to procure through this RFP are as follows:

- 93140000: Community and Social Services

■ B. INSTRUCTIONS

1. Official Contact. The Agency has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Agency. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Agency employee(s) (including appointed officials) or personnel under contract to the Agency about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Erin Mahony
 Address: 505 Hudson Street / Hartford, CT 06106
 Phone: 860 888-5856
 E-Mail: DCF.FISCALCONTRACTS@CT.GOV

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. Registering with State Contracting Portal. Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. In order to maintain eligibility to respond to this procurement, respondents must submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact:

- Secretary of State recognition (CT Business License)– Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V (<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>)
- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

- 3. RFP Information.** The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Agency's RFP Web Page
<https://portal.ct.gov/DCF/Contract-Management/Home>
- State Contracting Portal (go to CTsource bid board, filter by "Department of Children and Families"
<https://portal.ct.gov/DAS/CTSource/BidBoard>

It is strongly recommended that any proposer or prospective proposer interested in this procurement check the Bid Board for any solicitation changes. Interested proposers may receive additional e-mails from CTsource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

- 4. Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (*). The Agency may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Agency's RFP Web Page.

- RFP Planning Start Date: **July 1, 2021**
- RFP Released: **July 18, 2022**
- RFP Conference: **9:00 AM July 29, 2022**
- Deadline for Questions: **3:00PM August 8, 2022**
- Answers Released: **August 12, 2022**
- Letter of Intent Due: **3:00PM, August 19, 2022**
- Proposals Due: **3:00PM, September 6, 2022**
- (*) Proposer Selection: **October 1, 2022**
- (*) Start of Contract Negotiations: **October 1, 2022**
- (*) Start of Contract: **November 1, 2022**

- 5. Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Agency. The Agency anticipates the following:

- Total Funding Available: **\$25,200,000 annually**
- Number of Awards: **1-8**, at the discretion of the Department
- Per Contract Funding: **See Below**
- Contract Term: **1-3 years**, at the discretion of the Department

| Location | UCC Daily Admit Capacity | UCC Annual Funding | Sub-Acute Bed Capacity | Sub-Acute Annual Funding |
|----------|--------------------------|--------------------|------------------------|--------------------------|
| Hartford | 24 | \$4,200,000 | 8-10 | \$2,900,000 |
| Region 1 | 24 | \$4,200,000 | 8-10 | \$2,900,000 |
| Region 3 | 12 | \$2,600,000 | 8-10 | \$2,900,000 |
| Region 5 | 12 | \$2,600,000 | 8-10 | \$2,900,000 |

- 6. Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are the only entities eligible to be awarded a contract as a result of this RFP. Entities in the process of becoming a private provider organization are eligible to submit proposals in response to this RFP, with explanation of current status and assurance that such designation will be obtained by time of Start of Contract, but no contract award will be made to an entity without proper designation as a private provider organization, a CT State agency or a Municipality.

A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years shall exclude an entity from participation in this procurement. Proposals from applicants who appear on the United States General Services Administration Excluded Parties List or the State Debarred Contractors List will not be considered. Consideration will be taken for applicants whose agency has required one or more corrective action plans in the past two years. Such applicants are not ineligible, but the history may be a scoring factor depending on circumstances surrounding the corrective action.

7. Minimum Qualifications of Proposers. To qualify for a contract award, a proposer must have the following minimum qualifications:

- The agency must possess a current, valid Connecticut Business License, and must provide proof of such (see Section 2 above);
- Staff assigned to the program must be able to successfully pass DCF and State child and criminal background checks

8. Letter of Intent. A Letter of Intent (LOI) **is required** for this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact via e-mail by the deadline established in the Procurement Schedule. The subject line of the email must read, "UCC/SACS RFP / Letter of Intent". The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, e-mail address and option being applied for. It is the sender's responsibility to confirm the Department's receipt of the LOI. The Department will not accept proposals from any applicant for any Team for which a Letter of Intent was not submitted. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

9. Inquiry Procedures. All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically, (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Agency will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Agency may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Agency reserves the right to answer questions only from those who have submitted such a letter. The Agency may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Agency will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Agency's RFP Web Page.

10. RFP Conference. An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **non-mandatory**, but highly recommended. Copies of the RFP will not be available at the RFP Conference. Prospective proposers are asked to bring a copy of the RFP to the conference. At the conference, attendees will be provided an opportunity to submit questions, which the Department's representatives may (or may not) answer at the conference. Any oral answers given at the conference by the Department's representatives are tentative and not binding on the Department. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

- Date: **July 29, 2022**
- Time: **9:00AM**
- Virtual (Teams): [Click here to join the meeting](#)
- Call In: **860 840-2075 / Conference ID: 702764380#**

11. Proposal Due Date and Time. The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: **September 6, 2022**
- Time: **3:00 PM**

An acceptable submission must include the following:

- one (1) signed electronic copy of the original proposal (unsigned proposals will not be evaluated);

The proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **Name of Provider / UCC/Sub-Acute RFP Electronic Proposal Submission**. One attachment must be submitted inclusive of the entire proposal in Portable Document Format (PDF) or similar file format and one attachment inclusive of the Budget and Narrative in Excel or similar file format. The following naming convention shall be used:

- Proposal: **Name of Provider / UCC/Sub-Acute Proposal**
- Budget: **Name of Provider / UCC/Sub-Acute Budget**

12. Multiple Proposals. The submission of multiple proposals by the same applicant in response to this RFP is permitted. Applicants are limited to submission of one (1) proposal per option, per area, as defined above, but may submit for multiple areas. The Letter of Intent must define the combination of submissions for which the applicant intends to bid. Proposals for any option/location not identified on the Letter of Intent, will not be accepted.

II. PURPOSE OF RFP AND SCOPE OF SERVICES

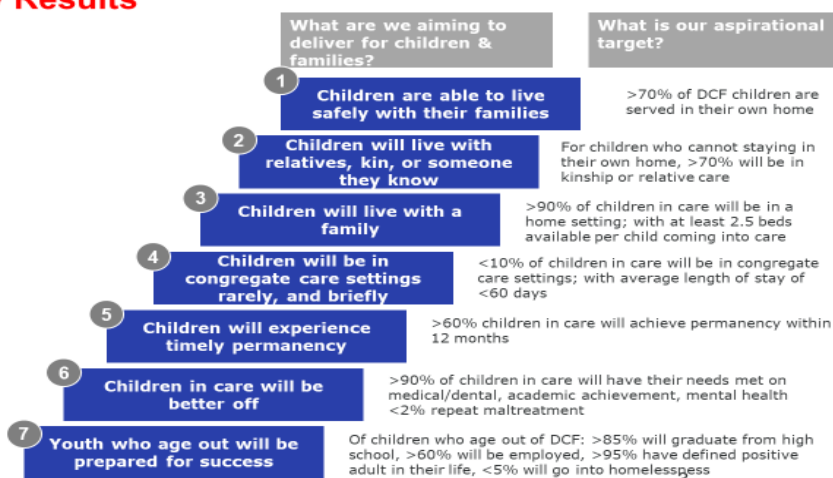
■ A. AGENCY OVERVIEW

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive.*" The Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 strategic goals:

- Keep children and youth safe, with focus on the most vulnerable populations
- Engage the workforce through an organizational culture of mutual support
- Connect systems and processes to achieve timely permanency
- Contribute to child and family wellbeing by enhancing assessments and interventions
- Eliminate racial and ethnic disparate outcomes within the Department

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. This philosophy and approach is reflected in the following graphic, inclusive of the Department's aspirational goals:

7 Key Results



The Department is aligning all of its efforts to these core set of 7 Key Performance Indicators to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve Connecticut's children and families. The Department believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone who they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. The Department believes that when foster care is necessary, while in foster care, regular and ongoing contact with parents and siblings should be maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings should be placed there for a brief time as possible and these settings should be designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. All youth are to exit the Department's care with legal and/or relational permanency.

The Department of Children and Families was instituted by the Connecticut General Assembly as the Department of Children and Youth Services in May 1969. In 1974, child welfare services were transferred to the Department, with children's mental health services and a unified school district for children in the Department's care and custody added one year later and substance abuse services for children and youth 13 years after that (in 1988). The Department's name (Children and Families) was officially changed through legislation in 1993, to reflect the

Department's still-evolving mission of providing child-centered, family focused, community-based programs and services throughout Connecticut.

In 1987, the Department instituted a regional management model, strengthening community-based services through grants and child-centered social work practice. Fourteen Area Offices, comprising six Regions began managing grants and contracted services within assigned geographical locations, thus cementing the Department's partnerships with local, area community service providers. Since that time, the Department's contracted service milieu has grown to encompass approximately 80 contracted service types overseen by 100 community service agencies providing 350 individual programs to Connecticut's children and their families.

■ B. PROGRAM OVERVIEW

Prior to the COVID-19 pandemic, high numbers of youth with behavioral health conditions were presenting to hospital emergency departments (ED) seeking evaluation and treatment. Since the pandemic, these numbers have continued to climb, frequently overwhelming the capacity of EDs. For Connecticut to implement a sustainable solution, the state will need to fully invest in two new levels of care to support youth/young adults who can be safely cared for in community-based settings. These include the addition of an Urgent Crisis Center (UCC) that will receive, triage, stabilize and assess up to twelve (12) or twenty-four (24) youth/young adults in crisis with a linkage to a lower level of appropriate care upon discharge and a short-term (1-14 day) Sub-Acute Crisis Stabilization (Sub-Acute) facility with 8-10 beds for youth who need additional time for stabilization.

The Urgent Crisis Center is expected to accept referrals 24 hours per day and provide a full crisis assessment in a safe and effective location for youth experiencing a behavioral health crisis (mental health and/or substance use crisis). The UCC applicant will offer a short term (average of four (4) hours or less) option for those youth/young adults who might have used a hospital emergency department for behavioral health crisis prior to this level of care being offered. The UCC applicant will:

- (1) receive youth/young adults ages 4-18, or 21 if currently still in DCF care, experiencing a behavioral health crisis via walk-in or police or ambulance drop off;
- (2) triage youth based on risk and needs;
- (3) provide de-escalation and crisis stabilization services;
- (4) offer a thorough assessment to determine appropriate level of care;
- (5) develop a crisis safety plan collaboratively with the family; and
- (6) based on assessment results, coordinate care for youth/young adults and their families to receive the appropriate level of care and type of services to meet their needs.

The Sub-Acute Crisis Stabilization applicant will serve youth experiencing behavioral health crises and are responsible for de-escalating and stabilizing the youth/young adult, completing a comprehensive diagnostic assessment (screening and assessment results from the referring party may be used as relevant), developing a treatment plan, providing individual and group treatment, providing ongoing observation and stabilization, collaboration with caregivers, schools, and others on a discharge plan, and referring to ongoing care at the appropriate level via a warm hand off with follow up when necessary to ensure needs are met. Reimbursement will be sought from Medicaid and commercial insurers for all eligible services. The Sub-Acute is expected to provide a safe facility for youth experiencing a sub-acute behavioral health crisis (mental health and/or substance use crisis) to fully stabilize over a period of 1-14 days. The Sub-Acute will have an 8-10bed capacity and will:

- (1) receive youth ages 5 up to 18, or 21 if still in DCF care, years old experiencing a behavioral health crisis following screening and assessment by another crisis service;
- (2) engage the youth in de-escalation and stabilization techniques;
- (3) provide a full diagnostic evaluation and assessment;
- (4) provide medication administration and management as needed;
- (5) provide individual and group treatment to prepare the youth/young adult to return to home, school and the community;
- (6) work collaboratively with the family, school and other professional and informal supports to support the youth/young adult's discharge; and
- (7) based on assessment results, coordinate care for youth and families to receive the appropriate level of care at discharge.

■ C. SCOPE OF SERVICE DESCRIPTION

1. Organizational Requirements

- (a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program.

- (b) Entity Type / Years of Operation: Please provide a brief history of the agency. Proposer must be or be in the process of becoming a private provider organization, state agency or unit of local government prior to submission of a proposal.
- If already a private provider organization, proof of such must be provided via the CTSource website (see Part 1, Section B.2 of this RFP).
 - If in the process of becoming a private provider organization, this section of the proposal must describe current status and anticipated receipt of such designation. No contract resulting from this RFP will be awarded to any entity not designated as a private provider organization, a CT State Agency or a Municipality.
- (c) Organizational Structure: Please describe the agency's organizational structure and where this area of work will fit within that structure. Please include a Table of Organization as Attachment 1.
- (d) Location of Proposed Services: Proposers are not required to obtain possession of physical space, zoning or licensure prior to submission of a proposal, although preference will be given to proposals indicating zoning, possession of space and licensure compliance. The Department will require retention of space and proof of licensure compliance for all sites, in accordance with local regulations, prior to contract execution. If such is obtained prior to proposal due date, proof must be submitted as Attachment 2. If locations and licensure are not secured at the time of proposal submission, the proposer must affirm that both will be obtained by October 15, 2022. The Department reserves the right to terminate any negotiations or subsequent contracts if the proposer fails to obtain space or licensure.

This section of the proposal must describe the proposed collaboration between the UCC and the Sub-Acute portion of the program, including transportation from the UCC to the Sub-Acute, if not co-located. If not co-located or co-provided, it will be the responsibility of the UCC to provide transportation to the Sub-Acute program.

*Note: Separate from the funding delineated in this RFP, DCF will provide funding and expect that UCC's outfit their location with an ambulance entrance. This will be negotiated during contract development and program implementation.

- (e) Qualifications / Certification / Licensure: Please describe how your program or agency will adhere to applicable state and federal laws, regulations and policies specific to the services to be provided. Please describe your agency's experience providing the services described in this RFP and experience assuring quality assurance to ensure model fidelity being requested through this RFP.

*Note: Licensure will be granted by DCF with specific requirements to be delineated prior to contract execution.

2. Cultural & Linguistically Competent Care

The Department of Children & Families is committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism and/or other forms of oppression, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged and cared for in a culturally and linguistically competent manner, including but not limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs. Within a broad construction of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical, economical, and educational needs. Detail your response according to the following:

- (a) Culturally Diverse Communities:
1. Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve as Attachment 3.

2. Demonstrate your organization's experiences in serving diverse communities.
 3. Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).
- (b) Culturally Diverse Families:
Detail the strategies that your organization has utilized to successfully establish rapport and trust with families related to experiences of racism and other forms of oppression and how this influences and guides client engagement and treatment planning. Describe your agency's policies, practices, and data collection mechanisms. (Supporting data may be included as Attachment 4. For existing or previous Department-contracted providers, this would include PIE data, or similarly reported data that demonstrates the effectiveness of your organization's strategies.)
- (c) Culturally Responsive and Diverse Organization:
1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives and Board of Directors.
 2. Provide a copy of your agency's Notification to Bidder's Package as Attachment 5. Utilizing your Workforce Analysis, please provide a narrative assessment of how your agency's staffing composition is reflective of the population in the community(ies) you are proposing to serve.
 3. If your agency has developed and implemented a CLAS Plan (Culturally and Linguistically Appropriate Services), please describe what follow-up has occurred within your agency to further the Plan's implementation. Provide a copy of your agency's CLAS Plan as Attachment 6.

3. (a) Urgent Crisis Center Service Requirements

** If not applying for provision of a UCC, this section of the subsequent proposal should be listed as 'NA'.*

Proposals should address each of the following areas. The use of sub-contractors is not permitted for these services.

- (a) Site Requirements: Proposals must include information on the space, including the size, capacity, and what it is currently used for, and a plan for how the space will support the required activities of the center:
1. The location of the site, including its accessibility to public transportation.
 2. The extent to which the proposed site is or will be compliant with all zoning regulations.
 3. The extent to which the proposed site is ADA-compliant.
 4. How the site will accommodate receiving police and ambulance vehicles;
 5. How the space is conducive to supporting de-escalation of youth/young adult's crises. The space will be calming and comfortable, allow for privacy for families.
 6. The physical layout of the site. While not mandatory, it is anticipated that the physical site will accommodate up to ten (10) patient rooms (for Region 3 and Region 5) and twenty (20) patient rooms (for Hartford and Region 1), but minimally, the program must possess adequate space to serve up to twelve (12) unique admissions per day (Region's 3 and 5) and twenty-four (24) unique admissions per day (Hartford and Region 1). Proposals should include pictures of the proposed location (interior and exterior) as Attachment 7, if such is identified.

The space must be accessible for youth/young adult and families with disabilities and should be dedicated to youth/young adults only and not shared space with adult units. Note that funding may not be used for facility or renovation costs.

- (b) Target Population: Proposals must address how the applicant will meet the admission criteria of accepting referrals 24 hours per day, 365 days per year. Describe in detail the policies and procedures that will be put in place. Capacity of the UCC is established at:
- Region 3 and Region 5 Center: up to twelve (12) admissions per day
 - Hartford and Region 1 Center: up to twenty-four (24) admissions per day

for any child/youth between the ages of 4-8, or 21 if still in DCF care.

- (c) Referral Process: Proposals must describe the referral and intake process for each client. The referral source for the UCC is anticipated to be Mobile Crisis programs, EDs and public safety emergency call lines.
- (d) Hours of Operation / Length of Stay: Proposals must describe in detail the procedures that will be in place to effect discharge. UCCs are expected to be operational 24 hours per day. Length of stay should not generally exceed four (4) hours but must not exceed 23 hours per client.
- (e) Intake & Assessment: Proposals must provide a detailed plan on how the following assessments will be completed for each admission. The full intake process for receiving youth/young adults who are referred to or otherwise enter the UCC needing an assessment must include use of standardized tools for screening and assessment. Standardized tools must be used to screen for: medical stability, suicide and self-harm, violence/harm to others, trauma exposure and traumatic stress, alcohol and drug use or abuse, substance withdrawal and risk of overdose, eating disorders, and to assess diagnostic information (including intellectual and developmental disabilities) and acuity to determine the appropriate level of care for the youth/young adult. Assessment of need for medication and/or medication management must be included as relevant.

The following screenings and assessments, using standardized tools, must be completed as part of triage and intake for each youth:

1. Assess medical stability including brief medical history and physical exam
2. Risk factor screens including suicide and self-harm, (e.g. C-SSR or ASQ) violence/harm to others, trauma exposure and traumatic stress, eating disorders, substance use (including risk for withdrawal and overdose).
3. Presenting crisis
4. Identifying and demographic information
5. Brief crisis history
6. Treatment history
7. Current medical provider/medical home
8. As relevant, need for medication and/or adjustment of medication
9. Relevant family history
10. Strengths/needs discovery inclusive of the family's support system
11. Social determinants of health screening
12. Mental status
13. Diagnostic information

Screenings will be utilized to quickly triage youth/young adults as needed, identifying the youth/young adults who meet criteria to be stabilized and assessed within the UCC, and identifying those youth/young adults who need immediate transport to an ED, detoxification facility, residential treatment facility, or inpatient psychiatric hospital. For youth/young adult whose assessment identifies the need for inpatient care, the site must have admission rights, or at least strong capacity for referral and linkage, to both acute (inpatient hospitalization and residential treatment facilities) and sub-acute (crisis stabilization unit and psychiatric residential treatment facilities) levels of care. This will require consultation with an on-call psychiatrist or Advanced Practice Registered Nurse (APRN) as well as the intake staff at the receiving facility. Referral processes must be in place as well for the rest of the acute and sub-acute crisis continuum of services, including EDs, and Crisis Respite services.

The UCC applicant must also have the capacity to use an emergency certificate for the youth/young adult to be taken to the hospital in cases where the UCC's available interventions are inadequate for managing the youth/young adult's risk, the youth/young adult is imminently dangerous to self or to others, is at high risk for severe withdrawal or overdose, or is gravely disabled. This will be used infrequently, and primarily when the above criteria are met and when a parent or legal guardian is unwilling or unable to accompany the youth to an ED for further evaluation. The UCC applicant must have agency staff or contracted staff who are certified to sign off on an emergency certificate. The UCC must have interpreter services available for those who do not speak English as their primary language if there are no staff available who speak the family's preferred language.

- (f) Stabilization: The UCC applicant must be able to engage in de-escalation, stabilization and brief intervention. Note that ongoing acuity and risk assessment must occur regularly throughout the

intervention and de-escalation strategies must be continually utilized. Continuous observation and supervision is necessary throughout the length of service. For those with substance use disorder as the primary presenting problem, UCC staff with relevant expertise must supervise to ensure there is not additional use of substances (to include availability of onsite Narcan administration), as well as to utilize strategies to maximize the likelihood of the youth/young adult de-escalating and being connected to treatment. Stabilization and intervention activities must include:

1. Reviewing the results of assessment measures with the family and youth/young adult when appropriate;
2. Working with the family to develop symptom-and solution-focused goals integrated with a comprehensive crisis safety plan;
3. Identifying and addressing factors contributing to or maintaining the crisis;
4. Addressing trauma exposure and symptoms of traumatic stress as needed (the UCC must deliver trauma-informed care throughout the intervention);
5. Developing and reviewing crisis plans with the family inclusive of reactive and proactive planning. To streamline services for families, the UCC applicant will consider opportunities to use the same crisis plan and template as Mobile Crisis or other programs;
6. If clinically necessary, coordinate care with the psychiatrist or APRN;
7. Utilize techniques from Motivational Interviewing to enhance readiness for ongoing care following treatment at the UCC.

- (g) Discharge Referrals & Follow-up: A discharge plan, centering around a referral to the identified appropriate lower level of care must be developed for each youth/young adult following the assessment and must be discussed with the family. The referral must include direct contact (a “warm hand-off”) between the UCC and the agency/service being referred to. As often as possible, an appointment will be made for the next appropriate level of care before the youth/young adult leaves the UCC and the staff must ensure that the service is prepared to handle the youth/young adult’s diagnostic needs.

Prior to leaving the UCC, staff must develop and review a crisis safety plan with each youth/young adult and family. The plan will include using Mobile Crisis services when needed. If given parental consent, the UCC will regularly communicate and collaborate with the referring party (e.g., school, primary care physician), the youth/young adult’s existing behavioral health provider, and the service being referred to.

Additionally, UCC staff will work with the family to review, new or adjusted medications, address any underlying needs or barriers to the youth/young adult receiving treatment and refer the family to other community-based services as relevant. Note that should the state adopt a bed registry or a similar electronic platform to track and manage referrals across levels of care, the UCC will utilize this platform.

The decision to discharge will be based on stability of the crisis, family and youth preference, and the presence of available ongoing services and supports at an appropriate level of care. Identification of community-based services to address underlying needs (per the results of the social determinants of health screening and others) will be included as relevant. Discharge plans must reflect, at minimum, the following elements:

1. Narrative treatment summary
2. Treatment needs that are met and not met
3. Goals attained
4. Crisis safety plan
5. Discharge medications
6. Discharge diagnosis
7. Prognosis
8. Description of referred services and supports
 - a) name and location of any referred providers, including those that offer evidence-based treatments (EBTs)
 - b) the types of interventions or supports required, including appropriate EBTs that are available
 - c) the anticipated date that each service or support are to begin

Discharge planning staff must be knowledgeable about local community resources and have a process for families to identify potential barriers to accessing and utilizing care referrals. As barriers to follow

up on a referral/appointment are identified, UCC staff must offer supports to the family to help them overcome the barriers.

If a family chooses to discontinue services prior to the close of the assessment and against the advice of the UCC, this will be documented along with the level of care that was recommended and the estimated level of risk to the youth. If the risk is imminent, UCC staff must contact the appropriate supportive services such as existing providers, Mobile Crisis, ambulance.

3. (b) Sub-Acute Crisis Stabilization Program Service Components

** If not applying for provision of a Sub-Acute, this section of the subsequent proposal should be listed as 'NA'.*

Proposals should address each of the following areas. The use of sub-contractors is not permitted for these services.

- (a) Site Requirements: The Sub-Acute applicant will be in close proximity to other crisis levels of care, including an Urgent Crisis Center, hospital ED, and inpatient unit. In addition, the space, will adequately serve the approved bed capacity of 8-10 beds, and support the required activities for individual therapy, group therapy, family therapy, and recreational activities. The space will be home-like, calming and comfortable, allow for privacy, and include necessary safety features. The space must be accessible for youth and families with disabilities.

The Sub-Acute applicant will divide the units by age group; one for ages 5 to 12 and one for youth over age 12. Separate units for youth with specific needs, such as intellectual or developmental disabilities will be available. The need for separation by sex and gender identity may be considered but will be flexible to ensure that gender minority youth are comfortable with placement within the unit. Other alternatives may be considered with approval from Department.

Proposals must include information on the space, including the size, capacity, and what it is currently used for, and a plan for how the space will support the required activities of the program:

1. The number of beds being proposed (not fewer than 8)
2. The location of the site, including its accessibility to public transportation.
2. The extent to which the proposed site is or will be compliant with all zoning regulations.
3. The extent to which the proposed site is ADA-compliant.
4. How the site will accommodate receiving police and ambulance vehicles;
5. How the space is conducive to supporting de-escalation of youth/young adult's crises. The space will be calming and comfortable, allow for privacy for families.
6. Proposals should include pictures of the proposed location (interior and exterior) as Attachment 7, if such is identified.

- (b) Target Population: Proposals must address how the applicant will meet the admission criteria described below.

The target population is all youth (ages 5-18, or 21 if in DCF care) who are experiencing a behavioral health crisis, require more than 24 hours for full stabilization, but are sub-acute and can remain voluntarily in an unlocked facility. Youth must be served regardless of their system involvement, payer, acuity level, diagnosis, or disability status. This will include youth across all diagnostic categories and other clinical presentations including youth with intellectual and developmental disabilities, those with substance use disorder, and other complex clinical conditions experiencing moderate to high clinical acuity and/or distress but not requiring inpatient hospitalization. Staff training and expertise will support the needs of a diagnostically diverse population and varying levels of acuity with a goal of serving as many of the youth referred to the Sub-Acute as possible.

The Sub-Acute contractor will develop close collaboration with the local Urgent Crisis Center, hospital emergency department and services across the behavioral health continuum of care including other components of the crisis continuum. The Sub-Acute provider will, within 6 months of contract award, be required to maintain formalized Memorandum of Agreements (MOA), and proposals must demonstrate the ability of the provider to develop relationships with:

- the local Urgent Crisis Center (unless the UCC is also operated by the Sub-Acute provider);

- the local hospital emergency department;
- at least one inpatient psychiatric hospital;
- at least one detoxification and residential treatment facility(ies);
- local Enhanced Care Clinic(s) and/or Certified Community Behavioral Health Clinic(s); and
- youth Mobile Crisis provider(s) in regard to procedures for referrals across levels of care.

- (c) Referral Process: Proposals must describe the referral and intake process for each client. The Sub-Acute contractor will serve youth referred to the SACS following screening and initial assessment by Mobile Crisis, an Urgent Crisis Center, Enhanced Care Clinic, Certified Community Behavioral Health Clinic, emergency department, or an inpatient psychiatric hospital along with a concurrent decision by the receiving psychiatrist or APRN at the Sub-Acute. Families or schools must seek screening and assessment by one of the above clinical programs for referral to a Sub-Acute. The Sub-Acute applicant will have an outreach and education campaign early in implementation and as needed. Proposals must address how the applicant will meet the admission criteria of accepting referrals 24 hours per day, 365 days per year. Describe in detail the policies and procedures that will be put in place.

Note that because this is a community-based unlocked facility, youth must be admitted voluntarily with voluntary consent by the guardian.

The Sub-Acute contractor will accept youth who are sub-acute; with the youth's functioning likely to be significantly impaired, but their acuity not requiring inpatient hospitalization. The Sub-Acute contractor will accept step-down referrals from inpatient as appropriate. The Sub-Acute contractor among other considerations, may include the following criteria for admission:

- High risk of hospitalization/re-hospitalization or ED use
- High likelihood of continued substance abuse, but not significant withdrawal symptoms or risk of overdose
- Symptoms are significantly interfering with the youth's functioning in the home/community; behaviors have recently escalated
- High risk behaviors are likely to lead to harm to self or others, but can likely be prevented through appropriate supervision
- The youth cannot be fully stabilized without 24-hour observation and cannot be safely maintained at home or in a lower/intermediate level of care (consideration of the home environment, including availability and capacity of the parent/caregiver to provide supervision and maintain safety should be considered in addition to the youth's acuity)
- Youth is not acutely dangerous to self or others
- Youth is not gravely disabled
- Youth is not at high risk of going AWOL

- (d) Hours of Operation / Length of Stay: Proposals must describe in detail the procedures that will be in place to effect discharge. The Sub-Acute contractor will maintain and treat youth with a length of stay between 1- and 14-days dependent on their needs and readiness to return to home and community. The contractor will make an initial determination as to the anticipated length of stay following the intake assessment, and the youth will be reassessed during treatment to ensure the youth is fully stabilized and ready to return to home and/or community or to the next level of care.

- (e) Intake & Assessment: Proposals must provide a detailed plan on how the following assessments will be completed for each admission. The full intake process for receiving youth/young adults who are referred to or otherwise enter the Sub-Acute needing an assessment must include use of standardized tools for screening and assessment. Standardized tools must be used to screen for: medical stability, suicide and self-harm, violence/harm to others, trauma exposure and traumatic stress, alcohol and drug use or abuse, substance withdrawal and risk of overdose, eating disorders, and to assess diagnostic information (including intellectual and developmental disabilities) and acuity to determine the appropriate level of care for the youth/young adult. Assessment of need for medication and/or medication management must be included as relevant.

The following screenings and assessments, using standardized tools, must be completed as part of triage and intake for each youth:

- medical stability including brief physical exam and medical history

- presenting crisis and identifying demographic information
- brief crisis history and treatment history
- risk factors including suicide and self-harm, violence/harm to others, trauma exposure and traumatic stress, eating disorders, substance use-including risk for withdrawal and overdose
- current medical provider/medical home
- need for medication and/or adjustment of medication
- relevant family history
- strengths and needs discovery
- Social determinants of health screening
- Mental status
- Ohio Scales
- and other relevant diagnostic information and acuity

These will inform the determination for the appropriate level of care for upon discharge. As relevant, results from screenings completed by the referring agency within 3 days of the intake date may be used.

If at any time, the youth's condition escalates and they cannot be safely treated, the contractor must have procedures in place for immediate transport to an ED and admission rights, or at least strong capacity for referral and linkage, to a detoxification facility, residential treatment facility, and an inpatient psychiatric hospital. The Sub-Acute contractor must also have the capacity to use an emergency certificate for the youth to be taken to the hospital in cases where the Sub-Acute's available interventions are inadequate for managing the youth's risk, the youth is imminently dangerous to self or to others, is at high risk for severe withdrawal or overdose, or is gravely disabled. This will be used infrequently, and only when the above criteria are met and when a parent or legal guardian is unwilling or unable to accompany the youth to an ED for further evaluation. The Sub-Acute contractor must have agency staff or contracted staff who are certified to sign off on an emergency certificate.

- (f) Stabilization: The Sub-Acute Clinicians will engage in strategies to stabilize the youth. Strategies must be in place for supporting, youth with intellectual disabilities, developmental disabilities, autism spectrum disorders, and substance use disorders/co-occurring disorders. The Sub-Acute's clinicians will engage in de-escalation, stabilization, and brief intervention. Ongoing acuity and risk assessment will occur regularly throughout the intervention and de-escalation strategies will be continuously utilized. Continuous observation and supervision are necessary throughout the length of stay in addition to treatment interventions. For those with substance use disorder as the primary presenting problem, staff with relevant expertise will supervise to ensure there is not additional use of substances, as well as to utilize strategies to maximize the likelihood of the youth de-escalating and being connected to treatment. (The Sub-Acute contractor will have naloxone available onsite.)

Stabilization and intervention activities include:

- Reviewing the results of assessment measures with the family and youth if appropriate;
- Working with the family to develop a symptom-and solution-focused treatment plan;
- Identifying and addressing factors contributing to or maintaining the crisis;
- Identifying the role of trauma exposure and traumatic stress in the crisis, and provide trauma-informed crisis stabilization as needed;
- If clinically necessary, coordinate medication administration and management with the psychiatrist or APRN.

- (g) Treatment: The Sub-Acute contractor will develop a treatment plan following the intake assessments and diagnostic evaluation. Treatment programs will be tailored to the needs of the youth, and support maintaining their stabilization and preparing them to return to their home environment, school, and community. The Sub-Acute contractor will utilize trauma-informed, and trauma-focused evidence-based treatments (EBTs), with both individual and group therapy provided, as well as recreational therapy and other program activities throughout the stay. At least one standardized assessment measure related to each youth's primary clinical concern(s) should be administered periodically to monitor treatment progress and inform treatment and discharge planning. All interventions will be utilized as appropriate for stabilization and brief intervention and for referrals upon discharge. The Sub-Acute contractor will engage the parent(s) and/or caregiver(s) in the youth's treatment plan and its relationship to the youth's return to home and community. Parents and caregivers will have a clear understanding of the discharge plan and next steps.

- (h) Discharge Referrals & Follow-up: A discharge plan must be developed for each youth following the assessment and progress during treatment and discussed with the family, school and others critical to the youth's return to home and community. A referral must be in place prior to discharge and must include direct contact (a "warm hand-off") between the Sub-Acute contractor and the agency/service being referred to. As often as possible, an appointment will be made for the next level of care before the youth leaves the Sub-Acute. Prior to leaving the Sub-Acute, staff must develop a crisis safety plan with each youth and family. The plan will include using 2-1-1 to call for Mobile Crisis services when needed. Staff will work with the family to review the crisis safety plan, new or adjusted medications, address any underlying needs or barriers to the youth receiving treatment and refer the family to community-based services as relevant.

If given parental consent, the Sub-Acute will regularly communicate and collaborate with the referring party (e.g., school, primary care physician), the youth's existing behavioral health provider, and the service being referred to.

The decision to discharge will be based on such factors as treatment progress, family and youth preference, and the presence of available ongoing services and supports at an appropriate level of care. Identification of community-based services to address underlying needs will be included as relevant. Discharge plans must reflect, at minimum, the following elements:

1. Narrative treatment summary
2. Treatment needs that are met and not met
3. Goals attained
4. Crisis safety plan
5. Discharge medications
6. Discharge diagnosis
7. Prognosis
8. Description of referred services and supports
 - a. name and location of any referred providers, including those that offer EBTs
 - b. the types of interventions or supports required, including appropriate EBTs that are available
 - c. the anticipated date that each service or support are to begin

Discharge planning staff must be knowledgeable about local community resources and have a process for families to identify potential barriers to accessing and utilizing care referrals. If a family chooses to discontinue services prior to the close of treatment and against the advice of the Sub-Acute, this will be documented along with the level of care that was recommended and the estimated level of risk to the youth. If the risk is imminent, staff must contact the appropriate supportive services such as existing providers, Mobile Crisis, ambulance, or DCF.

4. Staffing Requirements

Proposals must describe the following:

- (a) Staffing Model: Proposals must describe how the applicant will meet and maintain the following, required staffing models:

- Urgent Crisis Center Model

| Staff Type | 24 Daily Admit FTE Model | 12 Daily Admit FTE Model | Minimum Qualifications |
|-------------------------|--------------------------|--------------------------|--|
| Clinician | 7 | 4 | (License preferred) clinical psychologist, clinical social worker, marriage and family therapist, or licensed professional counselor |
| Psychiatrist or APRN | 2 | 1 | Licensed psychiatrist (M.D.) with board certification or licensed APRN with board certification |
| Peer Support Specialist | 4 | 3 | BA in social work or similar field |
| Registered Nurse | 7 | 4 | |
| Discharge Planner | 3 | 1.5 | BA |
| Receptionist/Security | 4 | 4 | |

| | | | |
|--------------|---|---|--|
| Housekeeping | 3 | 2 | |
|--------------|---|---|--|

Staffing model was developed from the following shift coverage requirements. DCF is not mandating these shift coverages, but will expect the provider to staff to peak hours, identified as 7:00AM-10:00AM, 3:00PM-7:00PM and 10:00PM:

| Staff Type | Shift 1 | | Shift 2 | | Shift 3 | |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 24 p/Day | 12 p/Day | 24 p/Day | 12 p/Day | 24 p/Day | 12 p/Day |
| Clinician | 2 | 1 | 2 | 1 | 1 | 1 |
| Psychiatrist or APRN | 1 | 0.4 | 1 | 0.4 | On-Call | On-Call |
| Peer Support Specialist | 1 | 1 | 1 | 1 | 1 | 0 |
| Registered Nurse | 2 | 1 | 2 | 1 | 1 | 1 |
| Discharge Planner | 1 | 0.5 | 1 | 0.5 | 0 | 0 |
| Receptionist/Security | 1 | 1 | 1 | 1 | 1 | 1 |
| Housekeeping | 1 | 0.75 | 1 | 0.75 | 0 | 0 |

- Sub-Acute Crisis Stabilization Model

| Staff Type | FTE | Minimum Qualifications |
|--------------------------------|-----|--|
| Clinician | 3 | (License preferred) clinical psychologist, clinical social worker, marriage and family therapist, or licensed professional counselor |
| Psychiatrist or APRN | 2 | Licensed psychiatrist (M.D.) with board certification or licensed APRN with board certification |
| Registered Nurse | 3 | |
| Intake Coordinator | 3 | |
| Children's Services Worker | 8.5 | |
| Discharge Planner | 2 | BA |
| Receptionist/Security | 4.5 | |
| Other Support Services/Dietary | 4.5 | |

Staffing model was developed from the following shift coverage requirements. DCF is not mandating these shift coverages, they are provided for reference only:

| Staff Type | Shift 1 | Shift 2 | Shift 3 |
|--------------------------------|---------|---------|---------|
| Clinician | 1 | 1 | 0 |
| Psychiatrist or APRN | 0.5 | 0.5 | On-Call |
| Children's Services Worker | 2 | 2 | 2 |
| Registered Nurse | 1 | 1 | On-Call |
| Intake Coordinator | 1 | 1 | 0 |
| Discharge Planner | 1 | 0.5 | 0 |
| Receptionist/Security | 1 | 1 | 1 |
| Other Support Services/Dietary | 1.5 | 1.5 | 0 |

- (b) Staff Qualifications: The staff categories to be assigned to the proposed program, including the extent to which they have or will have the appropriate training and experience to perform assigned duties and appropriate certifications as defined in (a) above must be delineated in the proposal. The proposal must also describe the extent to which staff is or will be multi-lingual and multi-cultural.

- (c) Staff Training:

- Urgent Crisis Center Model:** All staff must receive appropriate training to this newly developed level of care. The UCC applicant should also identify any additional training to be provided by the agency to its staff, the intensity, and the frequency.

Other support staff, including peer support specialists, will be included as much as possible. The UCC will be required to ensure content of trainings are applied within service delivery through supervision. The UCC applicant may identify opportunities for additional trainings, and cross-training with key community referrers and partners.

The following training will be required of all UCC clinicians and supervisors/managers:

- Medical risk and stability
 - Crisis Assessment, Planning, and Intervention
 - Developing Crisis Safety Plans
 - Trauma-Informed De-escalation Strategies
 - Assessing and Managing Suicide Risk
 - Assessing and Intervening with Suicidal and Self-Injurious Youth
 - Violence Assessment and Prevention
 - Strengths-Based Crisis Planning
 - Traumatic Stress and Trauma-Informed Care
 - Culturally and Linguistically Appropriate Service (CLAS) Standards
 - Supporting youth/young adult with specific diagnoses, including intellectual disability, developmental disabilities, and autism spectrum disorders
 - Supporting youth/young adult with substance use disorder and co-occurring disorders including withdrawal management, overdose prevention, and harm reduction strategies
 - Motivational interviewing (in particular to support youth with substance use disorder and their continuation into treatment)
 - Emergency Certificate Training
- **Sub-Acute Crisis Services Model:** All staff must receive appropriate training to this newly developed level of care, and training in trauma informed EBTs identified as appropriate for the SACS setting and population. The contractor will also identify any additional training to be provided by the agency to its staff.

The contractor will provide the following training to all clinicians and supervisors/managers. The Sub-Acute may identify opportunities for additional trainings, and cross-training with key community referrers and partners.

- Medical risk and stability
- Crisis Assessment, Planning, and Intervention
- Developing Crisis Safety Plans
- Trauma-Informed e-escalation Strategies
- Assessing and Managing Suicide Risk
- Assessing and Intervening with Suicidal and Self-Injurious Youth
- Violence Assessment and Prevention
- Strengths-Based Crisis Planning
- Traumatic Stress and Trauma-Informed Care
- Evidence-Based Treatments, including trauma-focused EBTs
- Culturally and Linguistically Appropriate Service (CLAS) Standards
- Supporting youth with specific diagnoses, including intellectual disability, developmental disabilities, and autism spectrum disorders
- Supporting youth with substance use disorder and co-occurring disorders including withdrawal management, overdose prevention, and harm reduction strategies
- Motivational interviewing (to support youth with substance use disorder and their continuation into treatment)
- Emergency Certificate Training

(d) Staff Recruitment and Retention: Proposals must include the following:

- How Providers will ensure that all employment candidates receive a criminal record and DCF abuse/neglect background check;
- A staff retention plan detailing measures taken to reduce staff turnover;
- A description of how staff will be recruited and selected;
- A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population; and
- A description of how the program will continue to provide services that are timely, effective, and true to the model if sickness, training, vacancies, leaves of absence, etc. make regularly scheduled staff unavailable.

5. Work-plan & Implementation Timeline

Describe your agency's work plan to specifically achieve the goals stated within this RFP, including action steps and timeline for successful implementation of the program by November 1, 2022.

- (a) Include proposed timelines for staff hiring, training and transition plans, if applicable, so that there will be no disruption in present services;
- (b) All zoning and/or licensure activities;

- (c) The date when applicants will begin to accept referrals; and
- (d) Status as an eligible entity (Private provider organization, CT State agency or Municipality)

6. Partnerships & Community Linkages

Proposals must demonstrate how the provider will collaborate and partner in the following venues:

- (a) Behavioral Health Partnerships: Applicants should have ample experience working with other providers across the youth/young adult's behavioral health continuum of care (including outpatient, in-home services, intensive outpatient, partial hospitalization, hospital emergency department, psychiatric inpatient, Mobile Crisis, psychiatric residential treatment facilities, and respite care). It will be important that the center have a strong working relationship with the specific youth Mobile Crisis provider(s) the center is geographically adjacent to as well as the partner agency (UCC or Sub-Acute) to facilitate flow from the UCC to Sub-Acute.
- (b) Community Partnerships: Applicants will have strong partnerships with providers of services in the local community, such as legal services, housing, food, and other concrete supports that are critical to support families in meeting underlying needs and addressing social determinants of health. Effective working relationships with local schools and primary care providers are critical to supporting youth/young adult's successful return to school, home and community.
 - The UCC applicant will have existing experience working within the geographic community and with youth/young adult and families reflective of the racial and ethnic makeup of the community. Outreach should be conducted with the most likely sources of referrals, including: 2-1-1, Mobile Crisis providers, police and Emergency Medical Services (EMS), DCF staff, Judicial Branch-Court Support Services Division, schools, state Department of Education officials and primary care physicians.
 - The Sub-Acute applicant will conduct education and outreach activities with the most likely sources of referrals, including: Mobile Crisis providers, urgent crisis center(s), Certified Community Behavioral Health Clinics and Enhanced Care Clinics, as well as services specifically for youth with Substance Use Disorders. The Sub-Acute contractor staff will be familiar with relevant state agencies and their role with youth and families, including DCF, Court Support Services Division, the Department of Mental Health and Addiction Services, the Office of the Healthcare Advocate, and others.
- (c) Family Partnerships: Applicants will have experience engaging families and/or parents/caregivers in the treatment process, and experience working with a diverse population regarding race and ethnicity, culture, language, religious affiliation, gender identity, and sexual orientation. If there are no staff available who speak the family's preferred language, interpreter services must be available and offered. Centers must see families as partners in their youth/young adult's treatment and utilize a strength-based approach and cultural humility in working with families.
- (d) ***UCC ONLY*** Law Enforcement and Emergency Medical Services Partnerships: The UCC applicant will have partnerships with both law enforcement agencies and EMS providers are critical to successful implementation of the UCC, and formalized agreements are necessary. Local police and EMS should be clear on the criteria for bringing youth/young adult to the center and the process for doing so. Logistics for dropping off youth/young adult should be made as efficient as possible to minimize the time spent at the center by emergency personnel.

7. Contract Management/Data Reporting

The Department will require awarded contractor(s) to submit child and family specific data, and administrative service and training data. The Department requires contractor(s) to use data to ensure the quality of their services, including identifying program challenges or barriers, identify potential best practices, and achievement of the program's goals, objectives and outcomes.

The child and family specific data for this service will be collected using electronic, web-based applications designed for the EBPs implemented. Monitoring program outcomes and model fidelity is an important part of implementing an evidence-based service.

The Contractor will submit individual, client level data to the department's Program Information Exchange (PIE) and/or other system as directed by the department. Complete, timely and accurate data is essential for both the Provider and the Department to help support service provision, identify trends and measure important outcomes. As such, while it is ideal to enter data ongoing and as soon after the event as

possible, it is expected that data be entered within 20 days following the end of each month. Such a timeframe is consistent whether as a Contractor the data is batched or directly entered. The Contractor will ensure that the data submitted under PIE and/or other systems are in conformance with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the department to ensure accurate, unduplicated client counts. These data, as set forth by DCF, will be sent to the department. For more information regarding PIE, go to the DCF website as follows: <https://portal.ct.gov/DCF/ORE/PIE>.

- (a) Electronic Health Record: Utilization of an Electronic Health Record (EHR) is required for operation of these programs. Proposals must describe the applicant's current EHR system.
- (b) Quality Improvement Experience: Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP. Each Provider is required to develop a quality assurance plan to ensure model fidelity.
- (b) Quality Assurance Resources: Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics.

■ D. BUDGET AND FINANCIAL OBLIGATIONS

1. Financial Requirements

Proposers must submit cover letters from their auditor for the last three (3) annual audits of their agency and a copy of their most recent financial audit, included as Attachment 8. If the three (3) most recent audits are available via the Office of Policy and Management's EARS system, such must be noted in the proposal, and cover letters and the last audit must **not** be included in the proposal.

If less than three (3) audits were conducted, detail must be provided as to why, and supporting documentation assuring the financial efficacy of the applicant agency must be included (i.e. an accountant prepared financial statement, a tax return, a profit and loss statement, etc.).

2. Budget Requirements

Proposals must contain an itemized budget on the budget form delineated in Section IV (F), of this RFP. All startup costs must be clearly identified as 1 line item in the budget.

A budget narrative must be provided, explaining all costs contained in the budget. All start-up costs must be listed separately and clearly detailed in the budget narrative.

All other funding, including agency financial support must be identified to include the proposed billable services for any crisis service provided under the UCC and how such will offset the cost of the UCC.

III. PROPOSAL SUBMISSION OVERVIEW

■ A. SUBMISSION FORMAT INFORMATION

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV.I – Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline.
4. **Attachments.** Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
5. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: NA (electronic only)
 - Dividers: No Dividers
 - Paper Size: Standard Letter
 - Print Style: 2-sided
 - Page Limit: **For an Option A or B Proposal:** 20 Single-Sided for Section IV.E (Main Proposal)
For an Option C Proposal: 26 Single-Sided for Section IV.E (Main Proposal)
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: 1 inch
 - Line Spacing: 1.5
7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
8. **Packaging and Labeling Requirements.** NA (electronic only).
9. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
10. **Conflict of Interest- Disclosure Statement.** Proposers must include, in Section D of their proposal, a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a

legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ B. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.
- 2. Evaluation Review Committee.** The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Agency Head will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below:

| | |
|--|------------------|
| • Organizational Requirements | 5 points |
| • Cultural & Linguistically Competent Care | 15 points |
| • Service Requirements | 40 points |
| • Staffing Plan | 10 points |
| • Work Plan & Implementation | 5 points |
| • Family & Community Partnerships | 5 points |
| • Contract Management /Data Reporting | 5 points |
| • Financial Profile | 3 points |
| • Budget and Budget Narrative | 10 points |
| • Appendices & Submission Content | 2 points |

Note: As part of its evaluation of the Staffing Plan, the Review Committee will review the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer

is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.

- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

| | <u>Page</u> |
|---|-------------|
| A. Cover Sheet | 1 |
| B. Table of Contents | 2 |
| C. Declaration of Confidential Information | Etc. |
| D. Conflict of Interest - Disclosure Statement | |
| E. Main Proposal | |
| 1. Organizational Requirements | |
| a. Purpose/Mission/Philosophy | |
| b. Entity Type / Years of Operation | |
| c. Organizational Structure | |
| d. Location of Proposed Services | |
| e. Qualifications/Certifications/Licensure | |
| 2. Cultural & Linguistically Competent Care | |
| a. Culturally Diverse Communities | |
| b. Culturally Diverse Families | |
| c. Culturally Diverse Organization | |
| 3. (a) Urgent Crisis Center Service Requirements | |
| N/A if Option A (UCC Only) is <u>not</u> being applied for. | |
| a. Site Requirements | |
| b. Target Population | |
| c. Referral Process | |
| d. Hours of Operation / Length of Stay | |
| e. Intake & Assessment | |
| f. Stabilization | |
| g. Discharge, Referral & Follow-up | |
| 3. (b) Sub-Acute Crisis Stabilization Service Requirements | |
| N/A if Option B (Sub-Acute Only) is <u>not</u> being applied for. | |
| a. Site Requirements | |
| b. Target Population | |
| c. Referral Process | |
| d. Hours of Operation / Length of Stay | |
| e. Intake & Assessment | |
| f. Stabilization | |
| g. Treatment | |
| h. Discharge, Referral & Follow-up | |
| 4. Staffing Requirements | |
| a. Staffing Model | |
| b. Staff Qualifications | |
| c. Staff Training | |
| d. Staff Recruitment & Retention | |
| 5. Work Plan & Implementation Timeline | |
| a. Implementation Timelines | |

- b. Zoning / Siting / Licensure
- c. Start Date
- d. Private Provider Status

- 6. Partnerships & Community Linkage**
 - a. Behavioral Health Partnership
 - b. Community Partnership
 - c. Family Partnership
 - d. First Responder Partnership **UCC ONLY**

- 7. Contract Management / Data Reporting**
 - a. Quality Improvement Experience
 - b. Quality Assurance Resources

- F. Cost Proposal**
 - 1. Financial Profile**
 - 2. Budget and Budget Narrative**

To access the Consolidated Budget Form, please go to the following link and scroll down to RFP forms "DCF RFP Budget POS" Excel file:

<https://portal.ct.gov/DCF/Contract-Management/Home>

- G. Attachments**

Mandatory submission with proposal, unless otherwise indicated

- 1. Attachment #1 Table of Organization**
- 2. Attachment #2 Certificate of Occupancy / Proof of Zoning/Siting**
- 3. Attachment #3 Culturally Diverse Communities**
- 4. Attachment #4 Culturally Diverse Families**
- 5. Attachment #5 Notification to Bidders Package**

To access the Notification to Bidders Package, please go to the following link:

<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>

- 6. Attachment #6 Culturally Diverse Organizations (CLAS Plan) (if appl.)**
- 7. Attachment #7 Site Pictures (if appl.)**
- 8. Attachment #8 Financial Profile (if req.)**

V. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due

date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

■ **C. TERMS AND CONDITIONS**

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency. The Agency may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Agency, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ **D. RIGHTS RESERVED TO THE STATE**

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the

State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at:

https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

- 5. Gifts, C.G.S. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on

gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

- 6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.
- 7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.
- 8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

| | |
|--------|---|
| BFO | Best and Final Offer |
| C.G.S. | Connecticut General Statutes |
| CHRO | Commission on Human Rights and Opportunity (CT) |
| CT | Connecticut |
| DAS | Department of Administrative Services (CT) |
| FOIA | Freedom of Information Act (CT) |
| IRS | Internal Revenue Service (US) |
| LOI | Letter of Intent |
| OAG | Office of the Attorney General |
| OPM | Office of Policy and Management (CT) |
| OSC | Office of the State Comptroller (CT) |
| POS | Purchase of Service |
| P.A. | Public Act (CT) |
| RFP | Request For Proposal |
| SEEC | State Elections Enforcement Commission (CT) |
| U.S. | United States |

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP

B. Appendix #1: Proposal Checklist

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. This document does not supersede what is stated in the RFP. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

C. Appendix #2: Letter of Intent

To be completed and submitted to the Official Agency Contact for this procurement by the due date delineated in this RFP.

D. Appendix #3: Proposal Cover Sheet

To be utilized as Page 1 of all proposals (as indicated in Section IV.A of this RFP).

PROPOSAL CHECKLIST**Key Dates**

| Procurement Timetable | | |
|---|--------------------------------------|-----------------------------|
| The Agency reserves the right to modify these dates at its sole discretion. | | |
| Item | Action | Date |
| 1 | Bidders Conference | July 29, 2022 |
| 2 | Question Submission Deadline | 3:00 PM / August 8, 2022 |
| 3 | Release of Answers | August 12, 2022 |
| 4 | Letter of Intent Submission Deadline | 3:00 PM / August 19, 2022 |
| 5 | Proposal Submission Deadline | 3:00 PM / September 6, 2022 |
| 6 | Program Implementation Target Date | November 1, 2022 |

Registration with State Contracting Portal (if not already registered):

- ☐ Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- ☐ Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>
- ☐ Submit Proof of Entity Status (if applicable)
- ☐ Submit Notification to Bidders package
- ☐ Submit Proof of Secretary of the State recognition (CT Business License)

Letter of Intent

- ☐ Submit by 8/19/22 (3:00PM) to: DCF.FISCALCONTRACTS@ct.gov

Proposal Content Checklist

- ☐ **Cover Sheet** (using RFP Appendix #3)
- ☐ **Table of Contents** (using RFP Section IV (Table of Contents))
- ☐ **Declaration of Confidential Information**
- ☐ **Conflict of Interest Disclosure**
- ☐ **Main Proposal**
- ☐ **Budget**
- ☐ **Attachments**

Formatting Checklist

- ☐ Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- ☐ Is the main body of the proposal within the page limit?
- ☐ Is the proposal in 12-point, Times New Roman font?
- ☐ Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- ☐ Does the proposer's name appear in the header of each page?
- ☐ Does the proposal include page numbers in the footer?
- ☐ Are confidential labels applied to sensitive information (if applicable)?

**LETTER OF INTENT
(MANDATORY NON-BINDING)**

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled Urgent Crisis Center and Sub-Acute Crisis Stabilization Programs in the following construct:

| | | |
|--|--|---|
| <input type="checkbox"/> Option A <i>Urgent Crisis Center Only</i> <input type="checkbox"/> Hartford <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 5 | <input type="checkbox"/> Option B <i>Sub-Acute Crisis Stabilization Only</i> <input type="checkbox"/> Hartford <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 5 | <input type="checkbox"/> Option C <i>Urgent Crisis Center & Sub-Acute Crisis Stabilization Programs</i> <input type="checkbox"/> Hartford <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 5 |
|--|--|---|

| | |
|---|--|
| Option A Location (<i>if Region 1</i>) | |
| Option A Location (<i>if Region 3</i>) | |
| Option A Location (<i>if Region 5</i>) | |
| Option B Location (<i>if Region 1</i>) | |
| Option B Location (<i>if Region 3</i>) | |
| Option B Location (<i>if Region 5</i>) | |
| Option C Locations (<i>if Region 1</i>) | |
| Option C Locations (<i>if Region 3</i>) | |
| Option C Locations (<i>if Region 5</i>) | |

| |
|---|
| AGENCY NAME: |
| FEIN: |
| AGENCY ADDRESS: (street, city ,state, zip) |
| AGENCY CONTACT: |
| POSITION/TITLE: |
| TELEPHONE NUMBER: |
| FAX NUMBER: |
| EMAIL ADDRESS: |

Mandatory Letter of Intent must be received by **3:00 p.m. on August 19, 2022** to **Erin Mahony (DCF.FISCALCONTRACTS@ct.gov)**.

PROPOSAL COVER SHEET

Urgent Crisis Center and Sub-Acute Crisis Stabilization Programs Request for Proposals

Name of Agency: _____

Agency Address: _____

Option Proposed: _____

**Application
Contact Person:** _____

**Contact Person
Phone & Fax:** _____

**Contact Person
Email Address:** _____

This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut

By submitting this application, I attest that all the information included within the application is true.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____